



Office of Health Facilities

Application for Hospital Facility

Reference Guide for New Applicants

Let's begin!

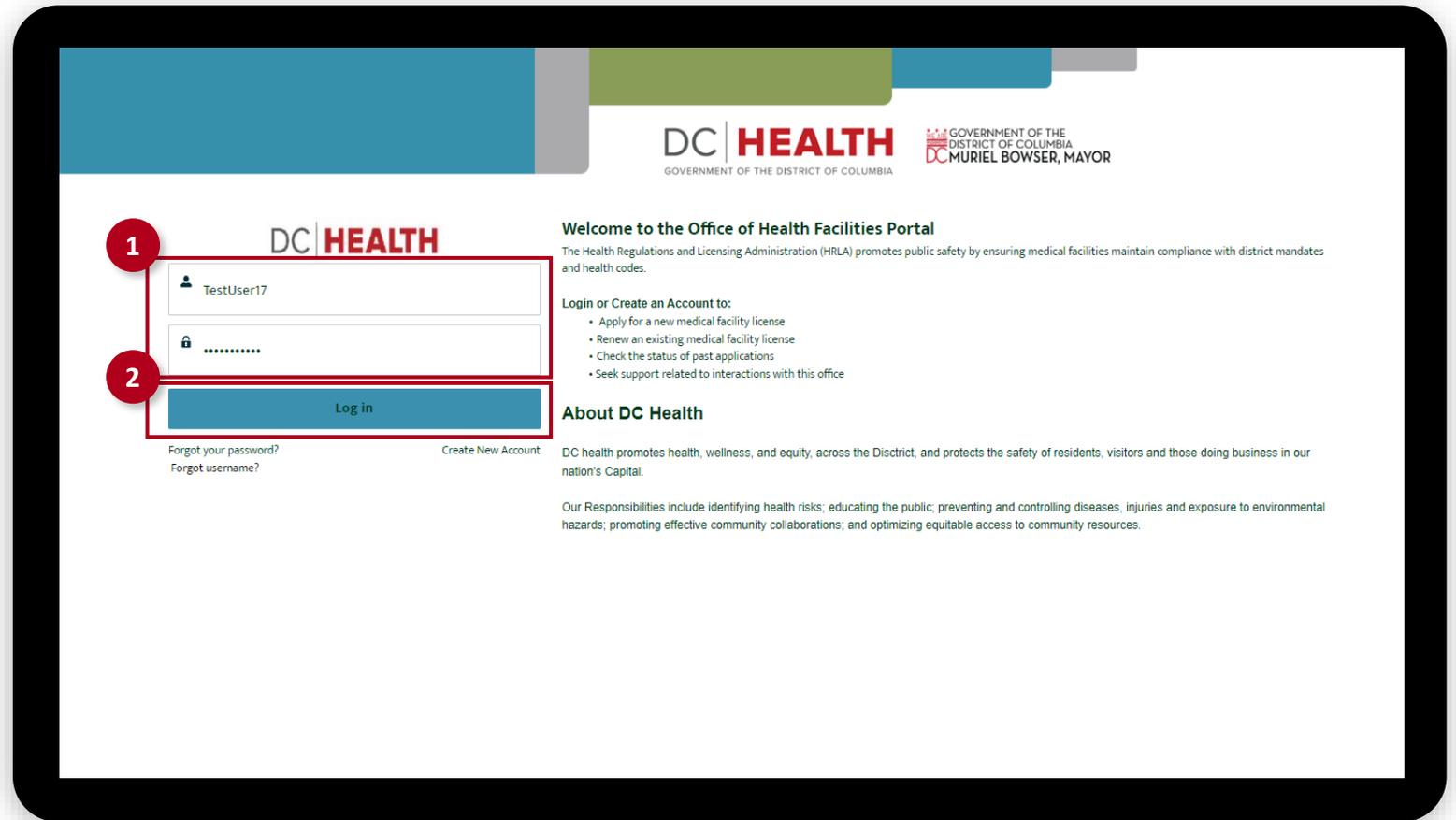
Log In to the platform

1 Enter your username and password.

2 Click the Log In button.

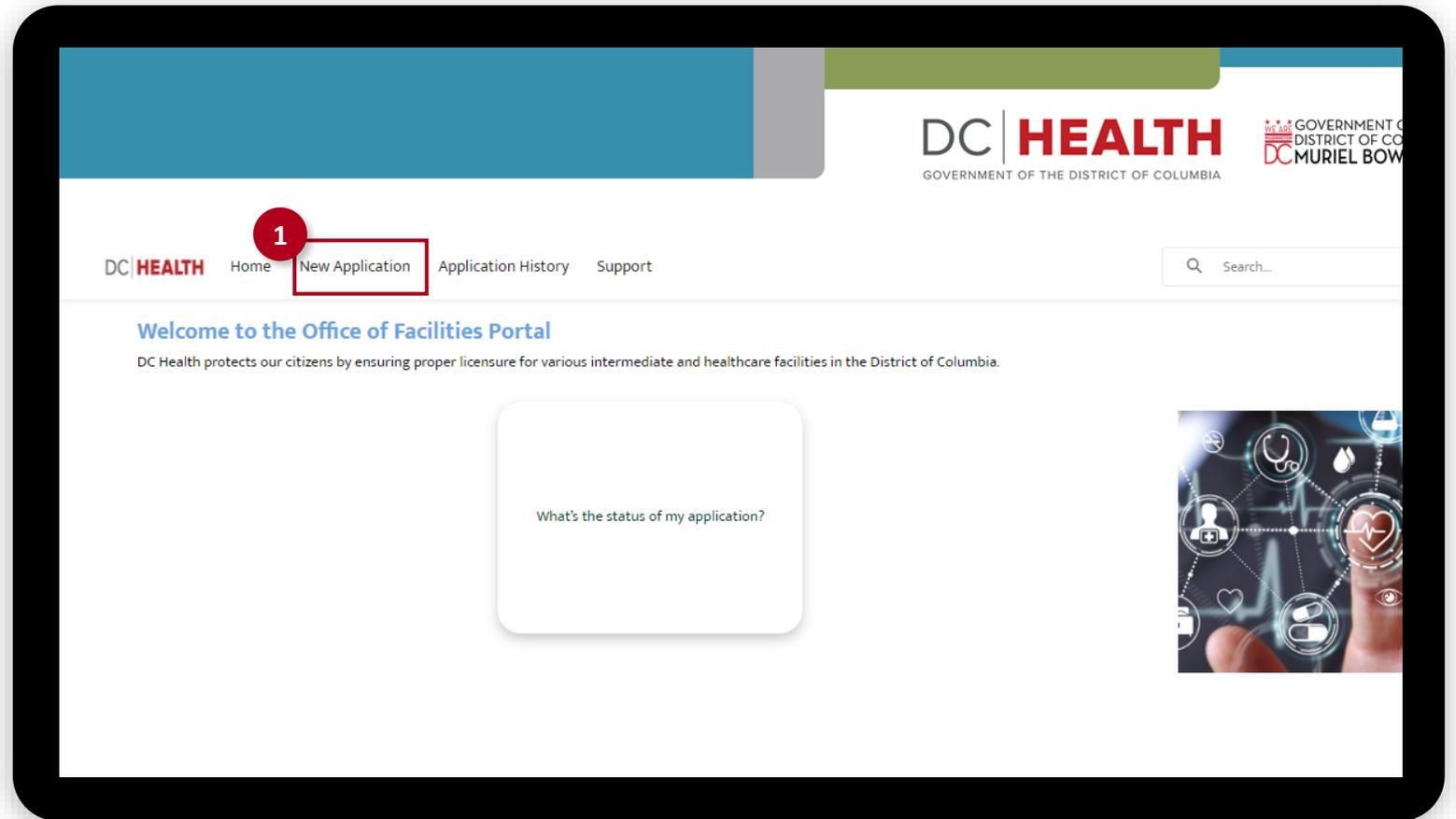


TIP: If you don't have an account click the **Create New Account** link.



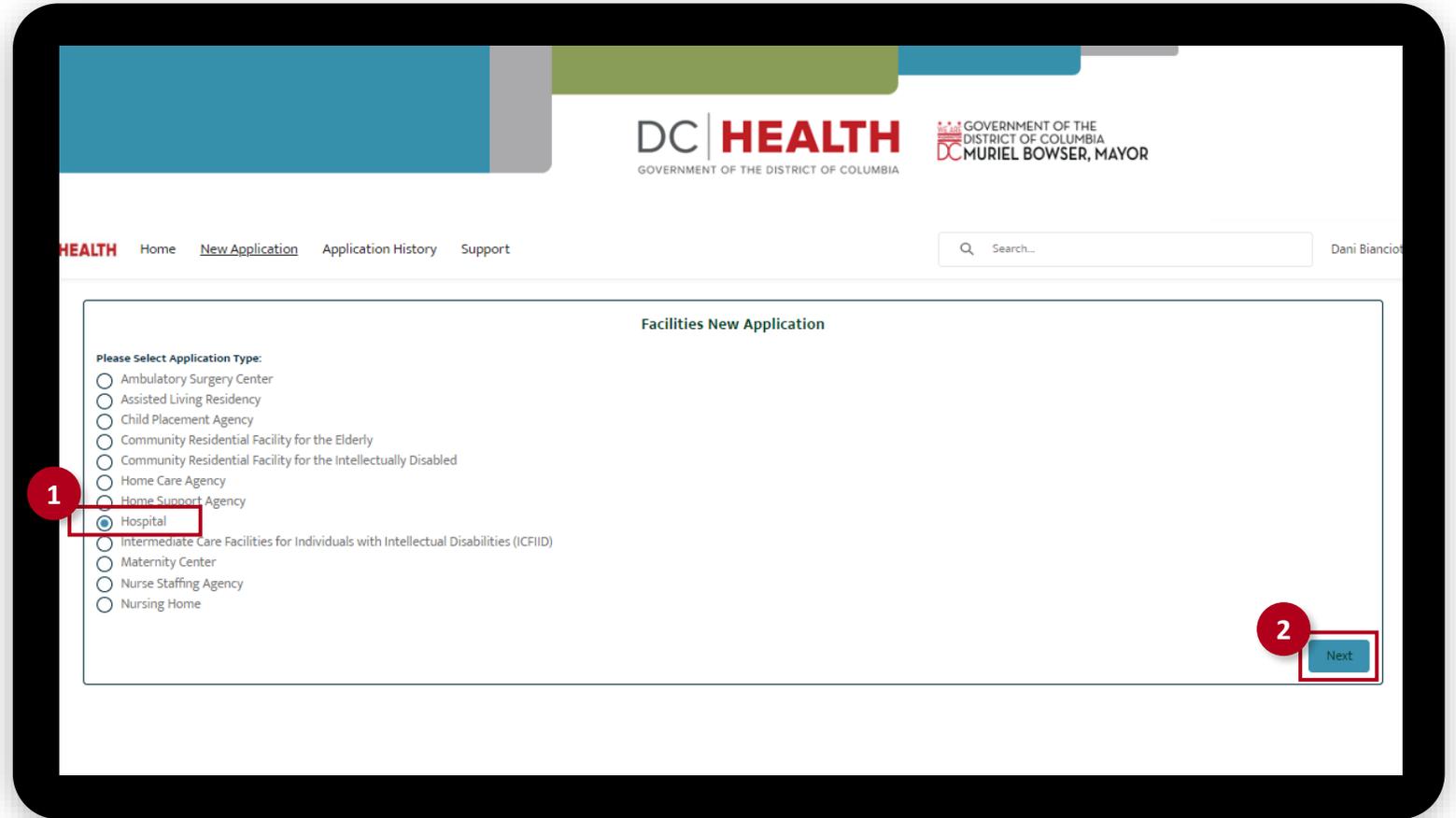
Navigate to the New Application screen

- 1 Once you Log in to the Office of Facilities Portal, click the **New Application** tab.



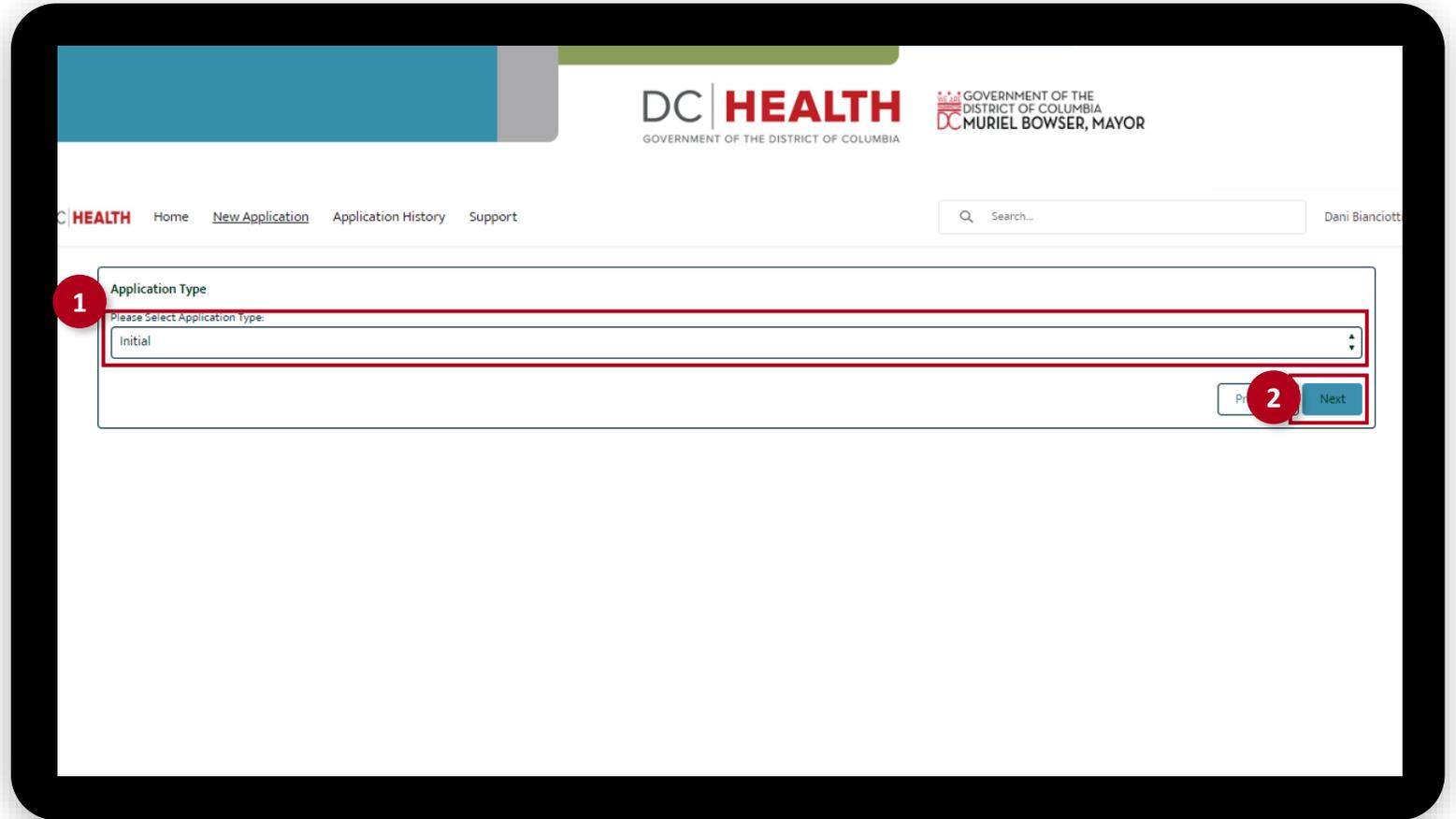
Select the Facilities New Application

- 1 Select the **Hospital** option from the list.
- 2 Click the **Next** button.



Select the Application Type

- 1 Select the **Initial** option from the drop-down list.
- 2 Click the **Next** button.



Fill out the Main - Facility Information

1 Fill out all the required fields.

DC|HEALTH Home [New Application](#) Application History Support

Search: Consequatur error porro ut id voluptate. Dani Bianciotti

Main - Facilities New Application

Hospital Location

* Facility Name: Robert Zieme

* Street Address: 49930 Tod Mountains

* City: East Cruzmouth

* County: Ethiopia

* State: NH

* ZipCode: 20001

* Telephone Number: 398

* Fax Number: 622

* Email Address: your.email+fakedata23275@gmail.com

* Initial Begin Date (at present location): Oct 10, 2022

Mailing Address (if different from street address):

Previous Hospital Name(if Applicable):

Type of Hospital

* Type Of Hospital

- Chemical Dependency/Alcohol
- Children's
- Critical Access Hospital (CAH)
- Generic
- Hospital Located Within Another Hospital
- Long-Term Acute Care
- Maternity
- Orthopedic
- Psychiatric
- Rehabilitation
- Special

The fields marked with * are mandatory and must be filled out to continue.

Fill out the Main - Facility Information

- 2 Finish filling out the required fields. If needed, upload relevant files using the Upload Files button.
- 3 Click the Save & Next button.

The screenshot shows a web form titled "Main - Facility Information". A red box highlights the main form area, with a red circle containing the number "2" pointing to the top of this area. The form contains several sections:

- Two "Upload Files" buttons with "Or drop files" text, each with a red circle containing the number "2" pointing to it.
- Two paragraphs of placeholder text: "Asperiores qui adipisci minus dignissimos quibusdam consequuntur dolorum. Id voluptas excepturi est rerum consectetur quaeat quos mollitia. Error est corrupti consequatur laboriosam aut voluptate vitae quaeat. Nam tenetur illo et odit facere quibusdam voluptate. Nihil corporis in fugit consectetur cum repellendus et. Ut asperiores placeat eum ex dolores vitae aut reiciendis." and "Doloremque aliquam non aliquid repellat possimus cupiditate corporis porro perspiciatis.".
- A section titled "Please list number of Full-Time and Part-Time employees for the following roles:" with 14 numbered items, each with a text input field:
 - 1. Chief Executive Officer: Dignissimos error sit commodi voluptas inventore nulla et.
 - 2. Nurse Administrator, RN: Explicabo id explicabo sed provident rem sit.
 - 3. Nurse Supervisor: Doloremque aliquam non aliquid repellat possimus cupiditate corporis porro perspiciatis.
 - 4. Registered Staff Nurses: Alaska
 - 5. LPN Staff Nurses: New Mexico
 - 6. Nurse Aides: 88721 Nikolaus Locks
 - 7. Medical Records: excepturi qui laudantium
 - 8. Pharmacy: Labore a sed.
 - 9. Dietary: Sit esse earum.
 - 10. Laboratory: Nulla neque quos aut.
 - 11. Housekeeping: Vel repellat quia molestiae illo numquam.
 - 12. Maintenance Personnel: Aliquid est dicta libero voluptatibus iste eum velit quasi quisquam.
 - 13. Laundry Personnel: 583-615-9639
 - 14. Other (specify): Haley Welch
- A red circle containing the number "3" points to a "Save & Next" button at the bottom right of the form.

The fields marked with * are mandatory and must be filled out to continue.

Fill out the Facility Information

1 Fill out all the required fields.

1

Not required for facilities that already have departmentally approved plans.

Description of Facility

*Attach plans or drawings for each floor of the building occupied by the existing hospital and identify:

Life Safety Code Plans:

- Exiting
- Smoke Barriers
- Exit passageways
- Linen and trash chutes
- Fire Barriers
- Horizontal exits
- Vertical shafts
- Additional relevant information

Or drop files

Building Information:

- Construction type
- Age of existing building segments
- Local zoning compliance statement
- Additional relevant information

Or drop files

Existing Space Description:

- Current room/space use
- Identification of hazardous areas protected by rated fire resistive partitions
- Other relevant information

Or drop files

Proposed Use of Rooms/Space within the Hospital

Or drop files

The fields marked with * are mandatory and must be filled out to continue.



TIP: This step is not required for facilities that already have departmentally approved plans.

Fill out the Facility Information

2 Finish filling out all the required fields.

3 Click the **Next** button.

The screenshot shows a form titled "Facility Information" with various input fields. A red border highlights the form area. A red circle with the number "2" is positioned at the top left of the form, pointing to the first dropdown menu. Another red circle with the number "3" is at the bottom right, pointing to a "Next" button. The form contains several questions with dropdown menus, some with "Upload Files" or "Or drop files" buttons, and some with text input fields. The questions include: "Will the building have a mixed occupancy?", "Has the JCAHO (Joint Commission on the Accreditation of Healthcare Organizations), or the State approved any Life Safety Code variances or waivers?", "Are all patients/clients/residents capable of leaving the building on their own?", "Is the building equipped with a fire alarm system?", "Is there an interconnected smoke detection system?", "Is there an approved and supervised automatic sprinkler system?", "Indicate number of building stories above ground, including the exit level.", and "Indicate number of building stories below ground level of the exit." There is also a section for "Proposed Use of Idle Space" with a text area for explanation.



TIP: This step is not required for facilities that already have departmentally approved plans.

*The fields marked with * are mandatory and must be filled out to continue.*

Fill out the Hospital Staff Information

1 Fill out all the required fields.

2 Click the **Next** button.

The form contains the following fields:

- University Name
- *Years Attended : Beginning Year (Oct 7, 2009)
- *Years Attended : Ending Year (Oct 10, 2018)
- *Street Address (31737 Terrance Trail)
- *City (South Fideiport)
- *State (CO)
- *Zip Code (20001)
- *Diploma/Degree (Doctor)
- *Year Graduated (Oct 22, 2019)
- Work Experience**
- *Employer (Fugiat nihil impedit voluptatibus culpa et ullam aliquam reprehenderit natus.)
- *Position (Ratione sapiente sit.)
- *Street Address (1195 Tamara Points)
- *City (New Billiechester)
- *State (HI)
- *Zip Code (20001)
- *Begin date of Employment (Oct 30, 2019)
- *End date of Employment (Nov 3, 2021)
- Nurse Administrator (Director of Nursing)**
- *Name (Vivian Collier)
- *Begin Date (Oct 27, 2020)
- Name of Person in Charge of Each Department**
- *Dietary Service (Nora Witting)
- *Medical Records (pariatur exercitationem quae)

At the bottom right of the form is a blue button labeled "Next".

The fields marked with * are mandatory and must be filled out to continue.

Fill out the Applicant Information

1 Fill out all the required fields.

2 Click the **Next** button.

The screenshot shows a web form titled "Applicant Information" with a red border. A red circle with the number "1" is positioned at the top left of the form area. A red circle with the number "2" is positioned at the bottom right, pointing to a "Next" button. The form contains the following sections and fields:

- Type of Organization:** A dropdown menu with "--None--" selected.
- Interested Parties:** A text area with a small explanatory paragraph and an "Upload Files" button.
- Owner of Land:** A section with a sub-header and a note: "Complete this section if the owner of the land is not the same as the owner of the operation or the owner of the building." It includes fields for:
 - First Name (with asterisk), MI, and Last Name (with asterisk).
 - Street Address and City.
 - State (dropdown) and Zip Code (with asterisk).
 - Telephone Number (with asterisk) and Fax Number.
- Organization Type:** A dropdown menu with "--None--" selected.
- Interested Parties:** A second text area with a longer explanatory paragraph and an "Upload Files" button.
- Next Button:** A blue button labeled "Next" at the bottom right of the form.

The fields marked with * are mandatory and must be filled out to continue.

Lease Agreement

- 1 Select **Yes** or **No** from the drop-down menu. This depends if there is an existing lease agreement.
- 2 Click the **Next** button.

The screenshot shows a web application interface for DC Health. At the top, there is a navigation bar with 'DC HEALTH' logo, 'Home', 'New Application', 'Application History', and 'Support'. A search bar contains the text 'Iusto neque laborum ab recusandae natus et.' and the user name 'Dani Bianco' is visible on the right. The main content area is titled 'Lease Agreement' and contains a mandatory question: '* Is there a lease agreement?'. Below this question is a drop-down menu with 'No' selected. A red box highlights the drop-down menu, and a red circle with the number '1' is placed next to it. Below the drop-down menu, there is a text field for 'If yes, list the name and address of the lease holder.' At the bottom right of the form, there is a 'Next' button, which is highlighted with a red box and a red circle with the number '2'.

*The fields marked with * are mandatory and must be filled out to continue.*

Management Contract

- 1 Select **Yes** or **No** from the drop-down menu. This depends if the facility is under management contract.
- 2 Click the **Next** button.

The screenshot shows a web application interface for 'HEALTH'. The navigation bar includes 'Home', 'New Application', 'Application History', and 'Support'. A search bar contains the text 'Iusto neque laborum ab recusandae natus et.' and the user name 'Dani Bianco' is visible. The main form area contains a mandatory question: '* Is the operation of the facility under a management contract?'. A dropdown menu below the question shows 'No' selected. A 'Next' button is located at the bottom right of the form, with a 'Previous' button partially visible to its left. Red callout boxes with numbers 1 and 2 highlight the dropdown menu and the 'Next' button, respectively.

*The fields marked with * are mandatory and must be filled out to continue.*

Fill out the Designee Information

- 1 Fill out all the required fields.
- 2 Click the **Next** button.

The screenshot shows a web form titled "DC HEALTH" with navigation links for Home, New Application, Application History, and Support. A search bar and user name "Dani Bianco" are visible in the top right. The form is divided into two main sections: "Designee" and "Contact Person".

Designee Section:

- Header: "Designee"
- Text: "Person authorized to receive personal service and receive registered and certified mail"
- Field: "* Is the administrator also the designee?" with a dropdown menu showing "Yes".

Contact Person Section:

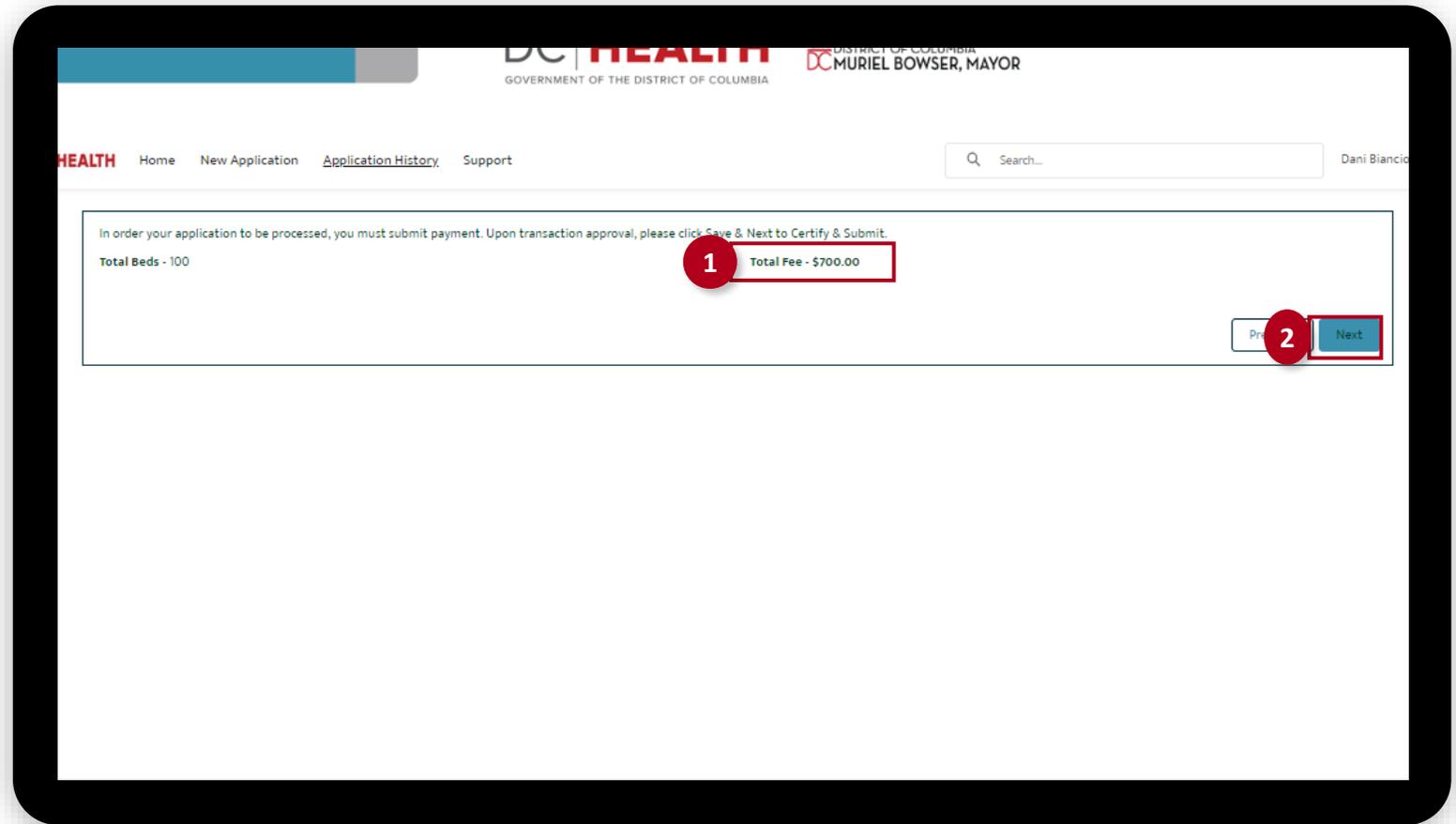
- Text: "Identify the person responsible for completing this application and who can be contacted if we have questions."
- Fields: "* First Name" (Edmond), "MI" (empty), "* Last Name" (Nikolaus), "Title" (empty), "* Telephone Number" (018-205-0173), "Fax Number" (empty), and "* Email Address" (your.email+fakedata18824@gmail.com).

At the bottom right of the form, there are "Previous" and "Next" buttons. A red circle with the number "2" highlights the "Next" button.

The fields marked with * are mandatory and must be filled out to continue.

Total Fee

- 1 Check if **Total Fee** is correct.
- 2 Click the **Next** button.



The fields marked with * are mandatory and must be filled out to continue.

Payment Wizard



1 Fill out the **Billing Address** and **Payment Info** fields.

2 Click the **Pay** button.

DC HEALTH Home [New Application](#) Application History Support

Sequi voluptas maiores nam. Test Users5

Payment Wizard

Please complete the payment for your application using the form below. Click "Pay" when you are done inputting your payment details. If you are unable to pay at this time, you may exit this saved draft and return to it in the "Application History" tab of the portal header later.

After your payment has processed, click "Next" below to certify and submit the application. Your application will not be reviewed until these steps have been completed.

1

Billing Address	Payment Info
2879 Ortiz Crest	Solon Miller
788 Gottlieb Pass	3782 822463 10005
Fort Joan	09 / 25
Oregon ?
16913-4451	

2 Pay \$700.00

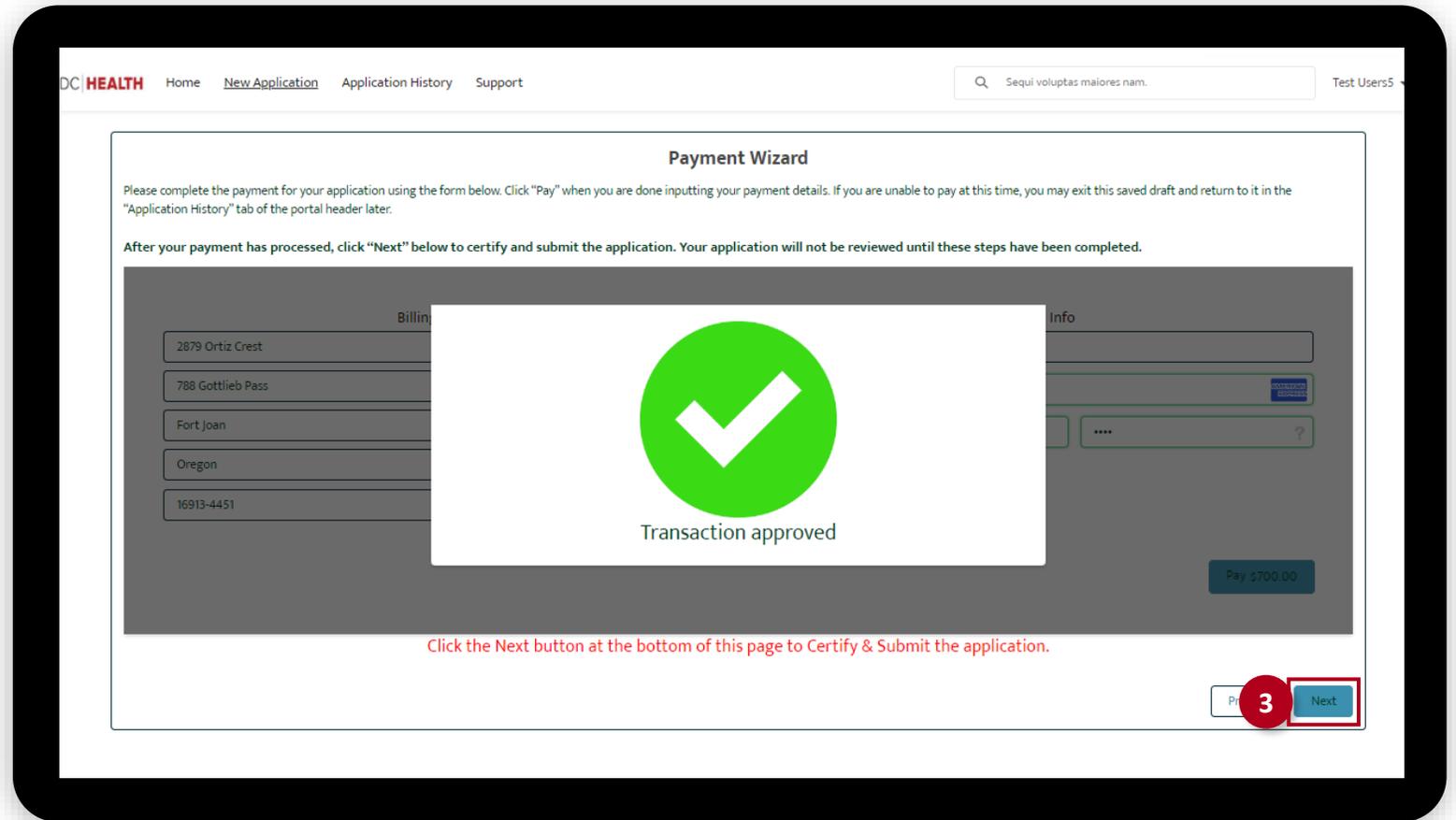
Click the Next button at the bottom of this page to Certify & Submit the application.

Previous Next

Payment Wizard



- 3 Once the Transaction is approved, click **Next** button.



Certify and Submit

1 Fill out the Name field.

2 Click the Next button.

HEALTH Home New Application Application History Support Dani Bianco

Certify and Submit

By clicking the submit button below, you are acknowledging that you are providing information for an official record and that the information you are supplying is true. By submitting this information, you understand that knowingly and willfully making a false statement on an official record may result in action against your license, registration, or certification and criminal penalties*. This information will be held confidential by the Department of Health.

*(a) A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly, to any instrumentality of the District of Columbia government, under circumstances in which the statement could reasonably be expected to be relied upon as true; provided, that the writing indicates that the making of a false statement is punishable by criminal penalties or if that person makes an affirmation by signing an entity filing or other document under Title 29 of the District of Columbia Official Code, knowing that the facts stated in the filing are not true in any material respect or if that person makes an affirmation by signing a declaration under § 1-1061.13, knowing that the facts stated in the filing are not true in any material respect; (b) Any person convicted of making false statements shall be fined not more than the amount set forth in § 22-3571.01 or imprisoned for not more than 180 days, or both. A violation of this section shall be prosecuted by the Attorney General for the District of Columbia or one of the Attorney General's assistants.

By electronically entering my name on this form, I attest that all statements are true and accurate.

Name

Date

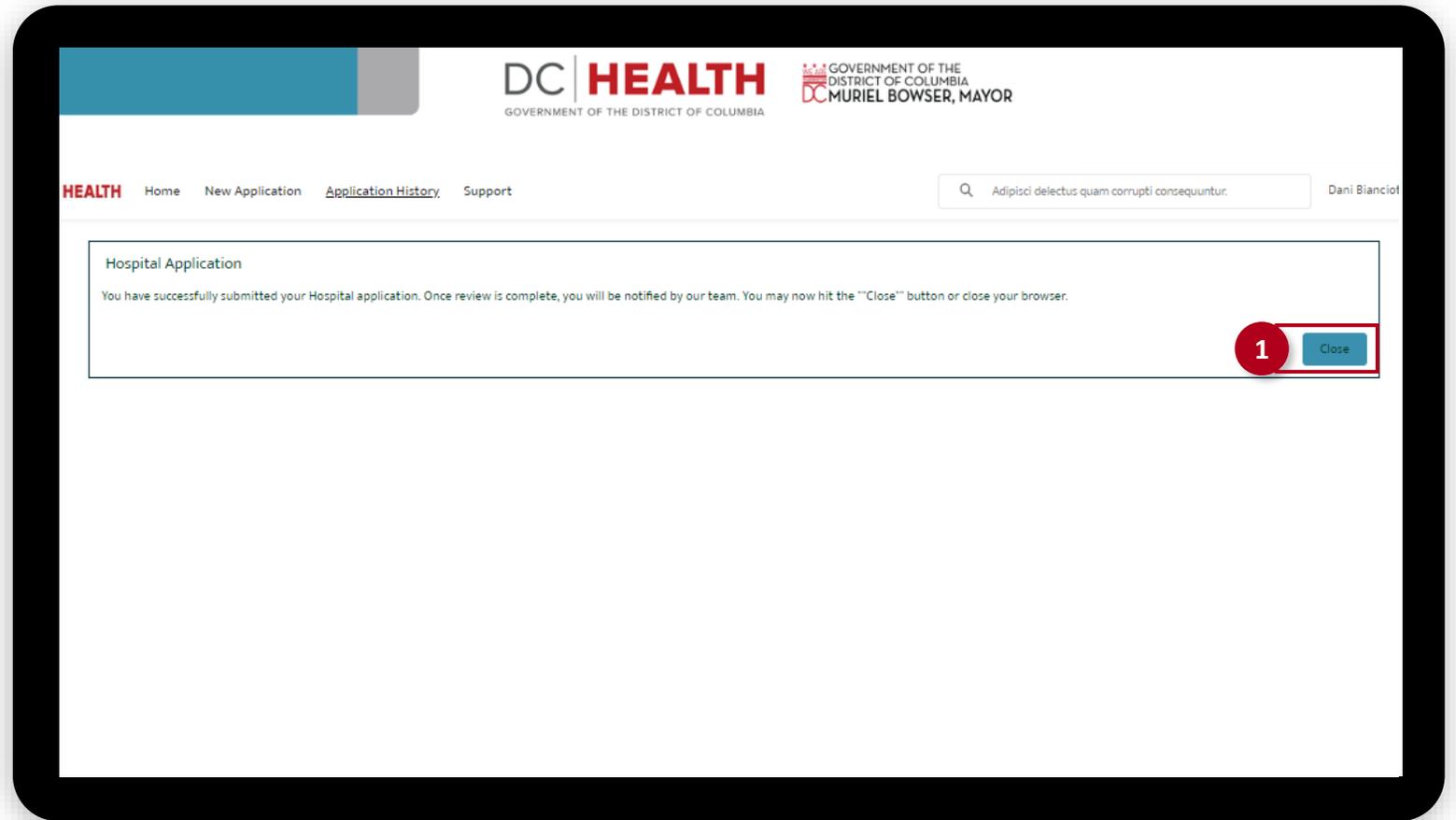


TIP: The date should correspond to today's date.

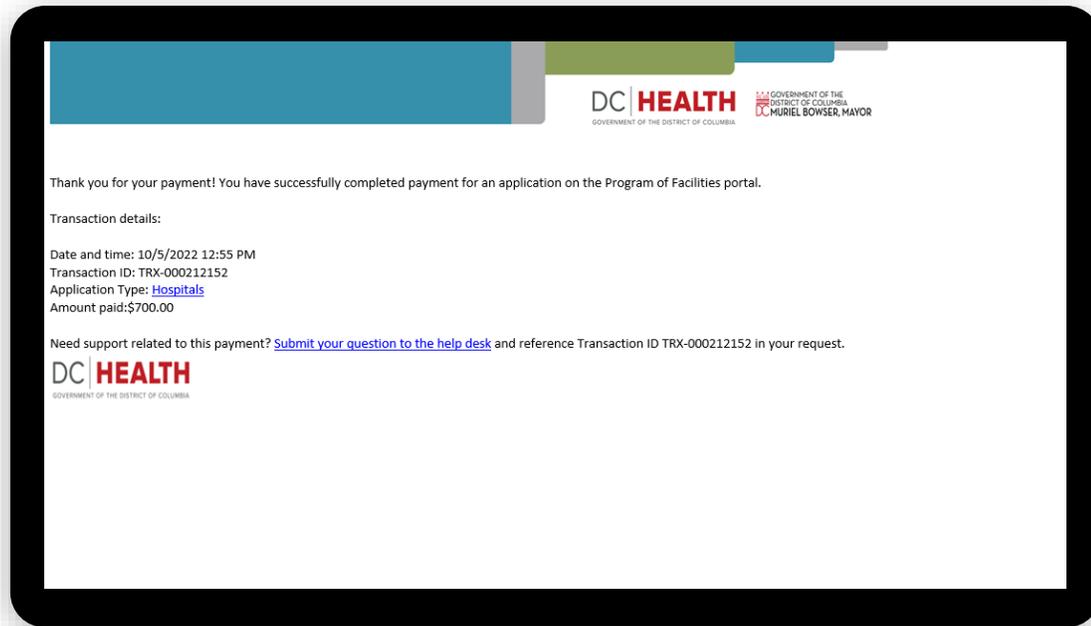
*The fields marked with * are mandatory and must be filled out to continue.*

Close the Application

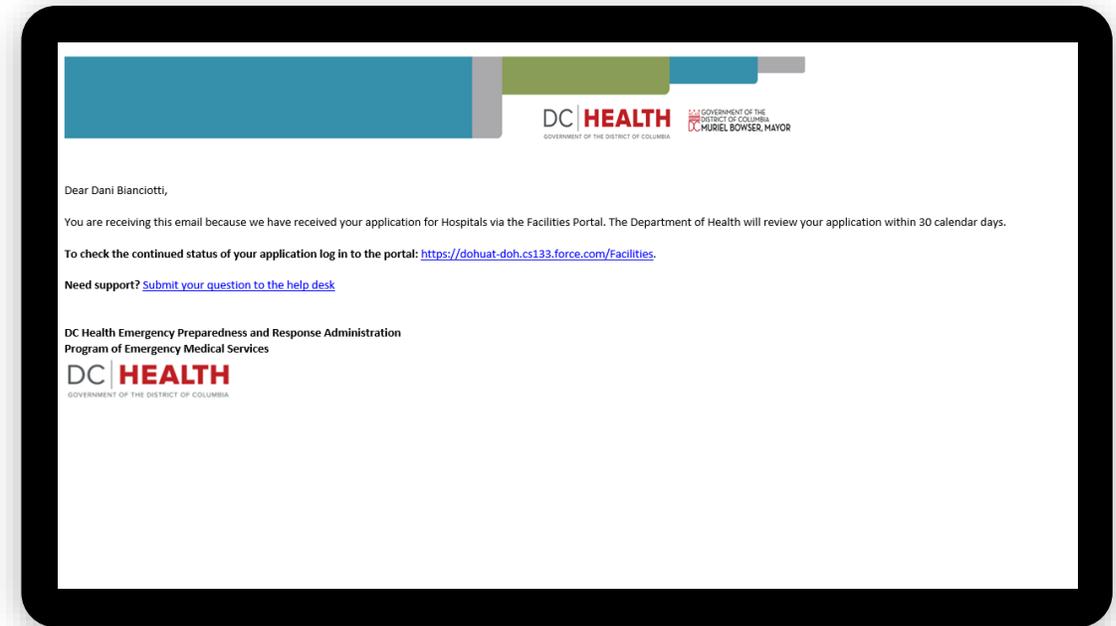
- 1 You have finished submitting your application. Click the **Close** button.



E-mail Confirmation



1 Check if you have received confirmation of payment.



2 Check if you have received confirmation for your application.

Thank you!